Office of Labor-Management
Standards
Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1				
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
E (461920)				
1. File Number U. 298/	2. Fiscal Year Covered From:			
N/A - INITIAL FILING	01/01/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ALAN RISCHELL	Name LOCAL UNION # 102 IBEN			
Ingliander and the first reading and the second beautiful designation of the second and the seco	Labor Organization File Number 104-017			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any			
1 A A A				
Street 539 1010WH ROMS	SOTV FILL ROAD			
City TOTOWA BORD	CHY PARSIPPANY			
State AJJ ZIP Code + 4 0/10/12	State NJ ZIP Code + 4 0 70 F4			
5. Position in labor organization.				
,				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively eacking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:	11/4			
Trade Name, If any:	N/A			
	7.b. Arnount.			
Trade Name, If any:	7.b. Arrount.			
P.O. Box, Bidg., Room No., if any	1.b. Arricunt.			
P.O. Box, Bidg., Room No., if any Street	N/A 7.b. Arrigunt.  N/A			
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	7.b. Amount.  A/A  ature			
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	ature  Perjury and other applicable pensities of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undereigned declares, under penalty of submitted in this report (including the information contained in siny accompany)	ature  Perjury and other applicable pensities of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			

Name of Person Filling	File Number U- N/A INITIAL FILIN
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	, ,
P.O. Box, Bidg., Room No., If any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	N/H
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	N/A:
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	SEE SCHEBULE ATTACHED
P.O. Box, Bldg., Room No., if any SCHEBULE	ATTACHED
Street ATACHED	
City	
State ZIP Code + 4	
13.b. is the Business an Employer   or Consultant   ?	14.b. Amount of payment.
SEE ATTACHED SCHETULE	SEE SCHEBULE ATTACHE

## **FORM LM-30 ATTACHMENT**

Part C

13a	13b	14a	146
Name + Address	E = Employer C≠Consultant	Nature of Payment	Amount of Payment
NWOInvestment	C	luncheon	# 43.50
Management			
Company, LLC			
main officé:			
2049 Century Park E			
LOS Angeles, CA 90067	 		
1.			